

# California M E D I C I N E

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## An Approach to Some Non-Clinical Responsibilities of Medicine

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*"Experience teaches us to be most on our guard to protect liberty when the government's purposes are beneficent."*

(JUSTICE BRANDEIS, 1928)

FOR the past two decades, especially, the medical profession has been the object of attack by politicians and schemers. Their purposes are camouflaged expertly by artists in deceit. Good will toward all and beneficence for all are promised by the words of these demagogues. Their actual purposes and actual motives, however, are directed toward the ultimate complete socialization of the state and degradation of our present society. Doctors of Medicine long have known the utter falseness of promises made by professional agitators of these schemes. People, however, in great numbers have been unable to realize what is being done under the guise of government benefaction.

Doctors as a group for many generations have been interested only in the scientific advance of medicine and in the clinical application of this knowledge to their patients. Secure in the knowledge of a job well done, charitable toward the shortcomings of people, complacent in the face of unjustified insults, the medical profession has ignored to a great extent its duties in the non-clinical aspects of the practice of medicine.

Hazlitt has said, "The way to procure insults is to submit to them. A man meets with no more respect than he exacts."

Realization of these truths has come finally to our profession. We are resolved to submit to no more insults and to exact the respect that fair dealing with our profession demands. As a group the American medical profession has embarked on an educa-

tional campaign to preserve the liberties of American citizens which are now being endangered progressively by apparent government beneficence. The action of our profession has been supported almost unanimously by the individual doctors of America. A pitiful, few, perennial dissenters and their professional liberal friends have opposed our action.

In prosecuting our crusade there are several things that we must realize definitely and then make decision.

We must realize:

1. That there is a definite threat and actual emergent problem before us which must be conquered or submitted to.
2. We must decide whether we intend to conquer or whether we will submit.
3. If we decide we will conquer we must lay out our plan of battle.
4. Given a plan which we accept, we must unite, unswervingly, in following that plan. The Bible says, "He that is not with us is against us."
5. If we be united each must then make the furtherance of our cause his first interest. All else must be secondary even though important.

Practically all thinking people are agreed that there is a problem before us all. Right now, peculiarly, liberty and socialized medicine are rivals for the people's favor. Unfortunately, due to carefully conditioned mental reactions, liberty apparently is dear to most people only up to a certain point—where they desire something more than they do liberty.

Nearly all the medical profession has decided that it will not submit to the socialization of medicine and its sequelae. We are determined that this degradation of medical care shall not be foisted on the people by default. Preliminary plans of battle have

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## EDITORIALS

### R.I.P.

Governor Warren has come out again in a blast against the State Legislature for its action in tabling his 1949 version of a compulsory health insurance bill. The governor spoke his mind immediately after a committee of the State Senate had tabled his bill and he minced no words in making his position clear. Such items as the "three-million-dollar medical lobby" came into his statement and made good headlines in the newspapers of the state.

Just to set the record straight, the Senate committee acted entirely within its own prerogatives in tabling the governor's bill. The committee is a working body of the Senate, set up to screen the multitudinous bills which are presented to the Legislature and to advise the entire membership of the Senate on the advisability of considering or junking the various measures introduced. Such committees in both the Assembly and the Senate operate strictly within the rules of organization of their respective houses and their actions are subject to review by their respective parent bodies.

Governor Warren's bill was given a fair and complete hearing by the committee. Proponents and opponents were invited to testify for or against the bill and the committee exercised every courtesy and fairness in allowing witnesses to express the considered opinions of their principals. Following this hearing the committee took the bill under advisement and, after further study, voted to table it.

Even this action leaves the bill still available for consideration by the committee or by the Senate, if the desire to give it further consideration actually exists. The committee itself has the authority to reconsider the bill and the Senate as a whole has the right to vote to bring the measure out of com-

mittee for consideration on the Senate floor. In view of these possibilities it is a little surprising to find the governor in a petulant mood.

Further, the governor's reference to a multi-million dollar lobby is so far afield from practicality that it deserves no consideration from any thinking person. He was referring, of course, to the fund for public education sought by the American Medical Association for a nationwide campaign. For the governor's benefit, let it be noted that any money raised by the A.M.A. is intended for a national public education campaign and not one cent of such money has been forwarded to California. The purpose of this fund is to give the American public the true facts about compulsory health insurance and to act as a counterbalance for the vast sums spent by numerous federal and state agencies in propagandizing in favor of state medicine. If the A.M.A. campaign were restricted to California, Governor Warren would have long since heard about it.

We suspect that the governor, who has not been averse to using the power and prestige of his own office for lobbying that is not always subtle, may have overlooked the fact that the State Senate just doesn't want a system of socialized medicine in California. Acting within its own democratic processes, the Senate has rejected the governor's bill, despite the political prominence of its sponsor. We can see no objection to the exercise of legal power and authority, even though the wishes of the corner office are not satisfied.

Governor Warren has now watched four of his compulsory health insurance proposals, and a few indirect attempts in the same direction, go down to defeat at the hands of sincere, thinking members

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## Program of the California Medical Association for the Improvement of Medical Care

*The following program for the improvement of medical care was adopted by the Council of the California Medical Association at its meeting May 8, 1949, and approved unanimously by the House of Delegates on May 10, 1949. The program is a development of previous programs adopted by the Association for the improvement of the public health. The committee which prepared it received assistance from programs adopted by other state medical associations as well as from that of the American Medical Association.*

1. **Health Insurance.** Further development and wider coverage by voluntary medical care and hospital plans (both medical association and insurance company sponsored) to meet the costs of illness. Aid to the indigent by utilization of these plans by the several counties, with local administration and determination of needs.
2. **Public Health.** Coordination and integration of all public health activities, except those of the medical services of the armed forces, under the state department of public health. Incorporation in local public health units of such services as communicable disease control, vital statistics, environmental sanitation, control of venereal diseases, maternal and child hygiene and public health communicable disease laboratory services.
3. **Rural Care.** Encouragement of the development by professional and lay organizations of medical and hospital services for rural areas, and of the integration of these services with regional county hospitals and small institutions.
4. **Mental Hygiene.** Continued development of the state program of mental hygiene.
5. **Chronic Diseases and the Aged.** Aid by the voluntary and state welfare agencies, combined with professional and other services, in the provision of care and rehabilitation of the aged, and those with chronic disease, and various other groups not covered by existing arrangements.
6. **Industrial and Preventive Medicine.** Greater emphasis on the program of industrial medicine, with increased safeguards against industrial hazards and prevention of accidents occurring on the highway, home and on the farm.
7. **Veterans' Medical Care.** Integration of veterans' medical care and hospital facilities with other medical care and hospital programs and with the maintenance of high standards of medical care, including care of the veteran in his own community by a physician of his choice. Cooperation of the C.M.A. with veterans' organizations in the continued development of good medical care.
8. **Health Education.** Health education programs administered through suitable local educational, health and medical agencies to inform the people of available facilities, and of their own responsibilities in health care.
9. **Medical Education and Personnel.** Promotion of private financial assistance to medical, dental and nursing schools and other institutions necessary for the training of specialized personnel required in the provision and distribution of medical care. Revision of income tax and estate tax laws so as to encourage people to donate needed assistance to medical and associated professional education.
10. **Medical Research.** Continued promotion of medical research through private grants to institutions equipped and staffed to carry on qualified research.
11. **Postgraduate Medical Education.** Expansion of the postgraduate medical training program of the California Medical Association, to assist practitioners in rural areas in keeping abreast of latest advances in medical science.

# CALIFORNIA MEDICINE

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### KEY TO ABBREVIATIONS USED IN INDEX

|   |                                       |
|---|---------------------------------------|
| (Or.)—Original Article.                 | (CMA)—California Medical Association. |
| (Ed.)—Editorial.                        | (CR)—Case Report.                     |
| (MP)—Medical Progress.                  | (I)—Information.                      |
| (CPC)—Clinical-Pathological Conference. | (LE)—Letters to the Editor.           |
| (CS)—Clinical Symposium.                | (MJ)—Medical Jurisprudence.           |

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